NCPDP VERSION 5 PAYER SHEET – B1/B3 Transactions

GENERAL INFORMATION

Payer Name: Department of Labor	Payer Sheet Publication Date: August 1, 2010
Plan Name/Group Name: United States Department of Labor – Division of Energy Employees Occupational Illness Compensation	
Processor: ACS, Inc.	Help Desk: 866-664-5581
Program Start Date: November 17, 2005	Version/Release #: 5.1

** OTHER TRANSACTIONS SUPPORTED **

Transaction Code	Transaction Name
B1	Billing
B3	ReBill

BILLING TRANSACTION:
Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name/length	Value	M/R/RW	Comment
1Ø1-A1	BIN Number	61ØØ84	M	
1Ø2-A2	Version/Release Number	51	M	
1Ø3-A3	Transaction Code	B1 = Bill B3 = Rebill	M	
1Ø4-A4	Processor Control Number	DRWDPROD = Production DRWDACCP = Acceptance	M	
1Ø9-A9	Transaction Count	1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences	M	
2Ø2-B2	Service Provider ID Qualifier	01 – National Provider Identifier 07 – NCPDP Provider Number	M	NPI effective 05/23/2007.
2Ø1-B1	Service Provider ID	NPI Number NCPDP Provider Number	M	NPI effective 05/23/2007.
4Ø1-D1	Date of Service	CCYYMMDD	M	
11Ø-AK	Software Vendor/Certification ID	ØØØØØØØØØØ	M	If no number is supplied, populate with zeros

Patient Segment: Required

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
331-CX	Patient ID Qualifier	Blank = Not Specified Ø1=Social Security Number Ø2=Driver's License Number Ø3=U.S. Military ID 99=Other	NA	"01" for DEEOIC program
332-CY	Patient ID		NA	Not used by DEEOIC
3Ø4-C4	Date of Birth	CCYYMMDD	R	
305-C5	Patient Gender Code	1=Male 2=Female	NA	
31Ø –CA	Patient First Name	Up to 12 characters	R	All CAPS, case sensitive
311 – CB	Patient Last Name	Up to 15 characters	R	All CAPS, case sensitive
322-CM	Patient Street Address		NA	Not used by DEEOIC
323-CN	Patient City Address		NA	Not used by DEEOIC

324-CO	Patient State/Province Address		NA	Not used by DEEOIC
325-CP	Patient Zip/POSTAL Zone		NA	Not used by DEEOIC
326-CQ	Patient Phone Number		NA	Not Used by DEEOIC
307-C7	Patient Location	Ø=Not specified 1=Home 2=Inter-Care 3=Nursing Home 4=Long Term/Extended Care 5=Rest Home 6=Boarding Home 7=Skilled Care Facility 8=Sub-Acute care Facility 9=Acute Care Facility 10=Outpatient 11=Hospice	NA	Not used by DEEOIC
333-CZ	Employer ID		NS	Not supported
334-1C	Smoker/Non-Smoker Code		NS	Not supported
335-2C	Pregnancy Indicator	Blank=Not Specified 1=Not pregnant 2=Pregnant	NA	Not used by DEEOIC

Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID	SSN	M	
312-CC	Cardholder First Name		NA	Not used by DEEOIC
313-CD	Cardholder Last Name		NA	Not used by DEEOIC
314-CE	Home Plan		NS	Not supported
524-FO	Plan ID		NA	Not used by DEEOIC
3Ø9-C9	Eligibility Clarification Code	Ø=Not specified 1=No Override 2=Override 3=Full Time Student 4=Disabled Dependent 5=Dependent Parent 6=Significant Other	NA	Not used by DEEOIC
336-8C	Facility ID		NS	Not supported
3Ø1-C1	Group ID	OWCP1222	R	
303-C3	Person Code		RW	
3Ø6-C6	Patient Relationship Code	1 = Cardholder 2 = Spouse 3=Child 4=Other	R	

Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
4Ø2-D2	Prescription/Service Reference Number	Number assigned by the pharmacy	M	
436-E1	Product/Service ID Qualifier	Ø3 = National Drug Code	M	
4Ø7-D7	Product/Service ID	NDC Number	M	
456-EN	Associated Prescription/Service Reference #		NA	Not used by DEEOIC
457-EP	Associated Prescription/Service Date		NA	Not used by DEEOIC
458-SE	Procedure Modifier Count		NA	Not used by DEEOIC
459-ER	Procedure Modifier Code Count		NA	Not used by DEEOIC
442-E7	Quantity Dispensed	Metric Decimal Quantity	R	
403-D3	Fill Number	Ø = Original Dispensing 1-99 = Number of refills	R	
405-D5	Days Supply		NA	
406-D6	Compound Code	1= Not a compound 2 = Compound	RW	Required when submitting a bill for a multi-line compound
408-D8	Dispense as Written (DAW)	Ø=Default, no product selection indicated 1=Physician request 2=patient request 3=pharmacist request 4=generic out of stock (temp) 5=brand used as generic 6=override 7=brand mandated by law 8=generic not available in marketplace 9=not used	R	Not used by DEEOIC
414-DE	Date Prescription Written	CCYYMMDD	R	
415-DF	Number of Refills Authorized	Ø=Not Specified 1-99=number of refill	R	
419-DJ	Prescription Origin Code	Ø=Not specified 1=Written 2=Telephone 3=Electronic 4=Facsimile	NA	Not used by DEEOIC
420-DK	Submission Clarification Code	Ø=Not specified, default 1=No override 2=Other override 3=Vacation Supply 4=Lost Prescription 5=Therapy Change 6=Starter Dose 7=Medically Necessary 8=Process compound for Approved Ingredients 9=Encounters 99=Other	RW	
460-ET	Quantity Prescribed		NS	Not used, use 442-E7

308-C8	Other Coverage Code	Ø=Not Specified 1=No other Coverage Identified 2=Other coverage exists-payment collected 3=Other coverage exists-this claim not covered 4=Other coverage exists-payment not collected 5=Managed care plan denial 6=Other coverage exists, not a participating provider 7=Other Coverage exists-not in effect at time of service 8=Claim is a billing for a copay	RW	
429-DT	Unit Dose Indicator	Ø=Not specified 1=Not Unit Dose 2=Manufacturer Unit Does 3=Pharmacy Unit Does	NA	DOL does not reimburse for Unit Dose
453-EJ	Original Prescribed Product/Service ID Qualifier	Ø1=Universal Product Code (UPC) Ø3=National Drug Code (NDC)	NA	Not used by DEEOIC
445-EA	Originally Prescribed Product/Service Code		NA	Not used by DEEOIC
446-EB	Originally Prescribed Quantity		NA	Not used by DEEOIC
33Ø-CW	Alternate ID		NS	Not supported
454-EK	Scheduled prescription ID Number		NS	Not supported
6ØØ-28	Unit of Measure		NS	Not supported

Pharmacy Provider Segment: Not used by DEEOIC

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø2	M	Pharmacy Provider Segment
465-EY	Provider ID Qualifier	Blank=Not specified Ø1=Drug Enforcement Administration (DEA) Ø2=State License Ø3=Social Security Number (SSN) Ø4=Name Ø5=National Provider Identifier (NPI) Ø6=Health Industry Number (HIN) Ø7=State Issued 99=Other	NA	Not used by DEEOIC
444-E9	Provider ID		NA	Not used by DEEOIC

Prescriber Segment: Not used by DEEOIC–

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø3	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier	01 – National Provider Identifier 12=DEA Number	NA	
411-DB	Prescriber ID	NPI Number NCPDP Provider Number	NA	Not used by DEEOIC
467-1E	Prescriber Location Code		NS	Not supported
427-DR	Prescriber Last Name		NA	Not used by DEEOIC
498-PM	Prescriber Phone Number		NA	Not used by DEEOIC
468-2E	Primary Care Provider ID Qualifier	Blank=Not Specified Ø1=National Provider ID (NPI) Ø2=Blue Cross Ø3=Blue Shield Ø4=Medicare Ø5=Medicaid Ø6=UPIN Ø7=NCPDP Provider ID Ø8=State License Ø9=Champus Ø1=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (DEA) 13=State Issued 14=Plan Specific 99=Other	NA	Not used by DEEOIC
421-DL	Primary Care Provider ID		NA	Not used by DEEOIC
469-H5	Primary care Provider Location Code		NS	Not supported
47Ø-4E	Primary Care Provider Last Name		NS	Not supported

COB/Other Payments Segment: Not used by DEEOIC

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø5	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count		M	
338-5C	Other Payer Coverage Type		M (Repeating)	
339-6C	Other Payer Id Qualifier	Blank=Not Specified Ø1=National Payer ID Ø2=Health Industry Number Ø3=Bank Information Number (BIN) Ø4=National Association of Insurance Commissioners (NAIC) Ø9=Coupon 99-Other	NA	Not used by DEEOIC
3Ø4-7C	Other Payer ID		NA	Not used by DEEOIC
443-E8	Other Payer Date	CCYYMMDD	NA	Not used by DEEOIC
341-HB	Other Payer Amount Paid Count		NA	Not used by DEEOIC

342-HC	Other Payer Amount Paid Qualifier	Blank=Not specified Ø1=Delivery Ø2=Shipping Ø3=Postage Ø4=Administrative Ø5=Incentive Ø6=Cognitive Service Ø7=Drug Benefit Ø8=Sum of all Reimbursement 98=Coupon 99=Other	NA	Not used by DEEOIC
431-DV	Other Payer Amount Paid	S$$$$$$cc	NA	Not used by DEEOIC
471-5E	Other Payer Reject Count		NA	Not used by DEEOIC
472-6E	Other Payer Reject Code		NA	Not used by DEEOIC

Workers' Compensation Segment: Not used by DEEOIC

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø6	M	Workers' Compensation Segment
434-DY	Date of Injury		M	
315-CF	Employer Name		NS	Not supported
316-CG	Employer Street Address		NS	Not supported
317-CH	Employer City Address		NS	Not supported
318-CI	Employer State/Province ID		NS	Not supported
319-CJ	Employer Zip/Postal Zone		NS	Not supported
3Ø2-CK	Employer Phone Number		NS	Not supported
321-CL	Employer Contact Name		NS	Not supported
327-CR	Carrier ID		NS	Not supported
435-DZ	Claim/Reference ID		NS	Not supported

DUR/PPS Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø8	M	DUR/PPS Segment
473-7E	DUR/PPS Code counter		M	Required when submitting this segment
439-E4	Reason For Service Code	See Attached list of valid values	RW (Repeating)	Required when there is a conflict to resolve or reason for service to be explained
44Ø-E5	Professional Service Code	See Attached list of valid values	RW (Repeating)	Required when there is a professional service to be identified
441-E6	Result of Service Code	See attached list of valid values	RW (Repeating)	Required when there is a result of service to be submitted
478-8E	DUR/PPS Level of Effort		NA	Not used by DEEOIC
475-J9	DUR Co-Agent ID Qualifier		NA	Not used by DEEOIC
476-H6	DUR Co-Agent ID		NA	Not used by DEEOIC

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	Pricing Segment
4Ø9-D9	Ingredient Cost Submitted		R	
412-DC	Dispensing Fee Submitted		RW	
477-BE	Professional Service Fee Submitted		NA	Not used by DEEOIC
433-DX	Patient Paid Amount		RW	Required when submitting a claim for member reimbursement
481-HA	Flat Sales Tax Amount Submitted		RW	Required when there is sales tax applicable at the dispensing site
482-GE	Percentage Sales Tax Amount Submitted		RW	Required when there is sales tax applicable at the dispensing site
484-JE	Percentage Sales Tax Basis Submitted	Blank=Not specified Ø1=Gross Amount Due Ø2=Ingredient Cost Ø3=Ingredient Cost + Dispensing Fee	RW	Required when there is sales tax applicable at the dispensing site
426-DQ	Usual and Customary Charge		R	
430–DU	Gross Amount Due	s9(6)v99	R	
423-DN	Basis of Cost Determination	Blank=Not specified ØØ=Not specified Ø1=AWP (Average Wholesale Price) Ø2=Local Wholesaler Ø3=Direct Ø4=EAC (Estimated Acquisition Cost) Ø5=Acquisition Ø6=MAC (Maximum Allowable Cost) Ø7=Usual & customary Ø9=Other	NA	Not used by DEEOIC

Coupon Segment: Segment is not supported

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø9	NS	Coupon Segment
485-KE	Coupon Type		NS	
486-ME	Coupon Number		NS	
487-NE	Coupon Value Amount		NS	

Compound Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	1Ø	M	Compound Segment

45Ø-EF	Compound Dosage Form Description Code	Ø1=Capsule Ø2=Ointment Ø3=Cream Ø4=Suppository Ø5=Powder Ø6=Emulsion Ø7=Liquid 1Ø=Tablet 11=Solution 12=Suspension 13=Lotion 14=Shampoo 15=Elixir 16=Syrup 17=Lozenge 18=Enema	M	
451-EG	Compound Dispensing Unit Form Indicator	1=Each 2=Grams 3=Milliliters	M	
452-EH	Compound Route of Administration	1=Buccal 2=Dental 3=Inhalation 4=Injection 5=Intraperitoneal 6=Irrigation 7=Mouth/Throat 8=Mucous Membrane 9=Nasal 1Ø=Ophthalmic 11=Oral 12=Other/Miscellaneous 13=Otic 14=Perfusion 15=Rectal 16=Sublingual 17=Topical 18=Transdermal 19=Translingual 2Ø=Urethral 21=Vaginal 22=Enteral	M	
447-EC	Compound Ingredient Component (Count)		M (Repeating)	
488-RE	Compound Product ID Qualifier	Ø1=Universal Product Code (UPC) Ø3=National Drug Code (NDC)	M (Repeating)	
489-TE	Compound Product ID		M (Repeating)	
448-ED	Compound Ingredient Quantity	9(7)v999	M (Repeating)	
449-EE	Compound Ingredient Drug Cost		R	

Field #	NCPDP Field Name	Value	M/R/RW	Comment
49Ø - UE	Compound ingredient basis of Cost Determination	Blank=Not specified Ø1=AWP Ø2=Local Wholesaler Ø3=Direct Ø4=EAC Ø5=Acquisition Ø6=MAC Ø7=Usual & customary Ø9=Other	NA	Not used by DEEOIC

Prior Authorization Segment: Not Used by DEEOIC

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	12	NA	Prior Authorization Segment
498-PA	Request Type		NA	
498-PB	Request Period Date –Begin		NA	
498-PC	Request Period Date- End		NA	
498-PD	Basis of Request		NA	
498-PE	Authorized Representative First Name		NA	
498-PF	Authorized Representative Last Name		NA	
498-PG	Authorized Representative Street Address		NA	
498-PH	Authorized Representative City Address		NA	
498-PJ	Authorized Representative State/Province Address		NA	
498-PK	Authorized Representative Zip/Postal Code		NA	
498-PY	Prior Authorization Number Assigned		NA	
5Ø3-F3	Authorization Number		NA	
498-PP	Prior Authorization Supporting Documentation		NA	

Clinical Segment: Not Used by DEEOIC

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	13	NA	Clinical Segment
491-VE	Diagnosis Code Count		NA	
492-WE	Diagnosis Code		NA	
424-DO	Diagnosis Code		NA	
493-XE	Clinical Information Counter		NA	
494-ZE	Measurement Date		NA	
495-H1	Measurement Time		NA	
496-H2	Measurement Dimension		NA	
497-H3	Measurement Unit		NA	
499-H4	Measurement Value		NA	

DUR Codes

Reason for Service Codes (DUR Conflict Codes)

Code	Meaning	Code	Meaning
AT	Additive Toxicity	LD	Low Dose alert
CH	Call Help Desk	LR	Under Use Precaution
DA	Drug Allergy Alert	MC	Drug Disease Precaution
DC	Inferred Drug Disease Precaution	MN	Insufficient Duration Alert
DD	Drug-Drug Interaction	MX	Excessive Duration Alert
DF	Drug Food Interactions	OH	Alcohol Precaution
DI	Drug Incompatibility	PA	Drug Age Precaution
DL	Drug Lab conflict	PG	Drug Pregnancy alert
DS	Tobacco use precaution	PR	Prior Adverse drug reaction
ER	Over Use precaution	SE	Side effect alert
HD	High Dose alert	SX	Drug gender alert
IC	Iatrogenic condition alert	TD	Therapeutic Duplication
ID	Ingredient Duplication		

Professional Service Codes (Intervention Codes)

Code	Meaning	Code	Meaning
M0	MD Interface	R0	Pharmacist reviewed
P0	Patient Interaction		

Result of Service Codes (DUR Outcome Codes)

Code	Meaning	Code	Meaning
1A	Filled – False Positive	1F	Filled – Different quantity
1B	Filled as is	1G	Filled after prescriber approval
1C	Filled with different dose	2A	Not Filled
1D	Filled with different directions	2B	Not Filled – Directions Clarified

** ADDITIONAL INFORMATION FOR CLAIM BILLING SUBMISSIONS **

- ❑ **A Mandatory (M) field is one that is required per the NCPDP Version 5.1 Claim Format.**
- ❑ **A Required (R) field is one that is required per the client (U.S. Department of Labor/FECP)**
- ❑ **A Required When (RW) field is one that is dependent on other fields to determine if it is required. Look in the comments column for directions on when the field is required**
- ❑ **Effective July 31, 2001 the formula used by EEOICP to compute the maximum allowable for prescription drugs is:**
  - o **AWP- 5% + $4.00 dispensing fee**

Technical questions on point of sale claims processing and questions on point-of-sale denials may be directed to:

ACS Pharmacy Call Center at 1(866) 664-5581

Questions on claimant's eligibility and the status of submitted paper bills should be directed via phone to the appropriate ACS Bill Processing Center: EEOICP claimant's inquiries should go to 866-272-2682

Paper Claims should be submitted to:
US DOL/OWCP/EEOICP
Fiscal Agent Services
PO BOX 8304
London, KY 40742
1- 866-272-2682

Enrolled Providers can view Bill History and perform Claimant Eligibility verifications on-line at: http://owcp.dol.acs-inc.com/

Division of Energy Employees Occupational Illness Compensation Offices

EEOICP Jacksonville District Office
400 West Bay Street
Ste 722
Jacksonville, FL 32202
(904) 357-4795
1-877-366-4272

EEOICP Denver District Office
1999 Broadway, Suite 1120
Denver, CO 8201-6550
(720) 264-3060
1-888-805-3389

EEOICP Cleveland District Office
1001 Lakeside Ave., Ste 350
Cleveland, OH 44114
(216) 802-1300
1-888-859-7211

EEOICP Seattle District Office
719 2nd Avenue, Suite 601
Seattle, WA 98104
(206) 373-6750
1-888-805-3401